

# agenda

<b>Title of Meeting</b>	140 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	20 January 2022 at 1.30pm
<b>Venue</b>	Via Zoom

## standing items

- 1 Welcome and apologies Chair  
1.30
- 2 Declaration of Interests Chair  
1.30
- 3 Minutes of Previous Meeting held on 16 December 2021 Chair  
1.30
- 4 Matters Arising Chair  
1.35
- 5 Chair's Business Chair  
1.40
- 6 Finance Report PHA/01/01/22 Director of Finance  
1.45
- 7 Update on COVID-19 Chief Executive  
2.00

## items for noting

- 8 Future PHA Board Workshops Chair  
2.25

## closing items

- 9 Any Other Business  
2.30
- 10 Details of next meeting:  
*Thursday 17 February 2022 at 1.30pm*  
*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

<b>Title of Meeting</b>	139 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	16 December 2021 at 1.30pm
<b>Venue</b>	Via Zoom

**Present**

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Stephen Bergin	- Interim Director of Public Health
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Alderman Phillip Brett	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Ms Tracey McCaig	- Interim Director of Finance, HSCB
Mr Brendan Whittle	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

**Apologies**

Mr Robert Irvine	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement

**135/21 | Item 1 – Welcome and Apologies**

135/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine and Dr Aideen Keaney.

135/21.2 The Chair acknowledged that this was a busy time for the staff of the Agency and the HSC as a whole and the board is extremely conscious of that pressure.

**136/21 | Item 2 – Declaration of Interests**

136/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**137/21 Item 3 – Minutes of previous meeting held on 18 November 2021**

137/21.1 The minutes of the Board meeting held on 18 November 2021 were **APPROVED** as an accurate record of that meeting, subject to one amendment to indicate that Mr Clayton left the meeting before paragraph 128/21.10.

**138/21 Item 4 – Matters Arising**

138/21.1 There were no matters arising.

**139/21 Item 5 – Chair’s Business**

139/21.1 The Chair advised that some members had attended the King’s Fund annual conference.

139/21.2 The Chair reported while attending a training session on “inspiring boardroom Leadership” he was reminded about the need for a Board to assess how effective it is at balancing support and challenge and how it divides the time between conformance on the one hand and performance on the other. He said another important issue is how regularly the Board reviews the delegation of authority.

**140/21 Item 6 – Chief Executive’s Report**

*At this point Mr Clayton and Professor Rooney joined the meeting.*

140/21.1 The Chief Executive reported that it was the general view that the Omicron variant is the biggest threat since the start of the pandemic and that there is a potential for HSC to be in danger of being overpowered by demand. He advised that this may not be due to the severity of the variant but to its very high transmissibility which is likely to multiply the numbers infected. However he said that all effort was now being put into maximising the number of people who receive the booster vaccination.

140/21.2 The Chief Executive reported that the PHA will greatly increase its contact tracing service. He explained that this will necessitate the redeployment of some PHA staff (31 in number) and part-time staff will be asked to increase hours worked.

140/21.3 The Chief Executive said he was concerned about the health protection function since normally the PHA has nine consultants but currently only five are in post. He advised that senior nursing staff and data analysts have been asked to help augment the health protection response.

140/21.4 The Chief Executive reported that two days previously there had been 1800 new cases in Northern Ireland and yesterday, the 15th of December, the number was 2300, the highest ever reported. He said that this is an indication of how quickly the virus spreads. He advised

that the number of cases of Omicron has increased from 10 to 150, but some of this was due to a change in the definition. He added that there are already over 2,000 new COVID-19 cases today and therefore staff have had to be redeployed as this is territory that PHA has never been in before. Because of this increase the number, he said that it was necessary to reduce the number of telephone calls made to each individual contact from 5 to 3 in number.

- 140/21.5 Mr Stewart recalled that previously PHA had indicated that it could reach a point where it could not manage the volume of calls and asked what the ceiling is. The Chief Executive said that he has asked for analysis and the modelling but he has not yet seen it. He pointed out that the first ceiling will be reached in terms of testing. He said that 11,300 tests had been carried out yesterday, and that Northern Ireland will soon reach its limit of 15,000. He noted that it will depend on the positivity rate and how many of those people being tested required to be followed up by contact tracing. He acknowledged that a ceiling will be reached at some point.
- 140/21.6 Ms Mann-Kler asked if there comes a stage when contact tracing becomes pointless as the spread is out of control. She also asked about the wellbeing of staff. The Chief Executive said that he has asked to see the modelling but he has not yet received it so he cannot answer that question, but he acknowledged that there is a limit. He said that the issue in this case is that Omicron is much more contagious than any other variant with its doubling time of 2/3 days.
- 140/21.7 The Chief Executive said that in addition to contact tracing and health protection, the next priority area for PHA is vaccination where there is work ongoing in two areas. He advised that PHA is working with Trusts to provide sessional vaccinators and is also aiming to recruit more vaccinators. He noted that people are not necessarily anti-vaxxers, but they do not wish to stand in a queue for two hours so opening hours of centres are being extended and there is a push to work with community pharmacies.
- 140/21.8 The Chief Executive said that the fourth priority is about digitalisation and being able to produce dashboards and improve digital communication. He added that as this variant will spread in the community PHA has to make contingency plans for losing 20/30% of its staff and he acknowledged that staff are already exhausted. He said that staff have been asked to work from home more and he asked the contact tracing service to explore home working. He explained that his focus is on the next month/six weeks as this situation will escalate quickly, and then ease quickly and although he is planning to the end of January, the impact on the HSC will be felt into February and March.
- 140/21.9 Mr Clayton agreed that the greatest risk for PHA is a breakout in the contact tracing centre. The Chief Executive noted that PHA staff are being dissuaded from Christmas parties. Mr Clayton said that previously

there was a paper presented to the Board looking at the potential numbers of staff that may be required. He noted that there had been discussions about getting assistance from students and from the Trusts. Given the time of year, he asked how open staff were to working overtime. The Chief Executive said that he has concerns as there is a reluctance about overtime. He explained that many contact tracers are part time so they would need to work over 37.5 hours before they would get overtime rates.

140/21.10 Alderman Brett asked how many staff have been redirected to contact tracing, to which the Chief Executive responded that it is 31. Alderman Brett asked how many more would be required. The Chief Executive said that he would like to redirect another 10 staff inside the next week. He noted that during the summer a total of 85 staff were redirected, but there were less full time staff in contact tracing. He added that there are also limitations in terms of capacity and in the absence of an expanded telephony system there is a risk for staff working from home as they would not be as well supported. Alderman Brett asked if the Department has been alerted. He added that given that PHA is reaching the point where it could be overwhelmed, there should be consideration to a stark message going out. The Chief Executive advised that PHA will be meeting with the Department tomorrow. He added that although contact tracing sits within PHA, it is owned by the Department and there are regular meetings about contact tracing and outbreak control.

140/21.11 Mr Morton advised that following a request from the Chief Executive staff have been identified to help and are willing to do additional sessions. The Chair asked if there had been any communication with individuals who had previously worked in contact tracing. He said that he while he understood that there are time pressures on each call, he asked if people are being encouraged to get the vaccine. The Chief Executive said that PHA is using every opportunity and is also pushing out the use of lateral flow tests.

*At this point Dr Bergin joined the meeting.*

140/21.12 Professor Rooney asked if people are better now at complying with the requirement to isolate. She added that there is a perception that this strain is mild but the message needs to go out about how important it is to isolate. The Chief Executive said that there is no data available on how mild or severe this strain is and while there is a perception it is mild, it is worth noting that South Africa has a different population profile. He added that even if it is mild, the issue is the volume of cases. He said that an area of concern for PHA is students returning home and visiting relatives. Professor Rooney asked how PHA can get the message out there. The Chief Executive said that people are tired, but PHA will keep pushing out the message.

140/21.13 Mr Wilson noted that Professor Chris Whitty has said that people should reduce their contacts over the festive period and not to socialise unless

necessary. He said that PHA is linking with the Department about putting out similar messages here. Focusing on returning students, he advised that both Queen's and the University of Ulster have finished their terms so it is about getting messages out to those returning from England, Scotland and Wales. In terms of the booster campaign, he conceded that if people have to queue for over an hour, they will walk away, therefore there is a need to get a digital solution in place where people can book appointments. He advised that there is a major campaign commencing which will feature across all TV channels, including the BBC. The Chair said that it is important not to lose sight of the other public health messages e.g. wearing a mask. Mr Wilson said that PHA's messaging does not focus on one area alone. He advised that PHA has a strapline about doing a lateral flow before you go out.

- 140/21.14 Ms Henderson said that she was impressed with the work carried out to date and commended the Chief Executive for putting together the four point plan so quickly. She said that any messaging needs to be put out as soon as possible and that it needs to be clear as she feels that people are confused with all the different messages.
- 140/21.15 Dr Bergin delivered a short presentation on the current situation. He said that PHA is trying to mobilise all of its assets. Comparing the number of cases now with the number at this time last year, he showed that the Delta strain has not gone away, but there is a good vaccination programme in place. He advised that 50% of Delta cases are in young people who are going out and about socialising. Looking at admissions into hospitals, he said that although numbers are down compared to last year and the position is better, a wave of Omicron cases could see services being stood down. At present, he advised that 90% of cases are of the Delta variant but with 2,000 cases a day, and that figure likely to double, at present there is no knowledge at present about what will have to be dealt with. He said that the new variant is highly transmissible and will rip through society in a matter of days and will impact the most on vulnerable people who are highly likely to be unvaccinated. He suggested that measures may have to be introduced and that there are a couple of difficult months coming up.
- 140/21.16 The Chair asked what people should be told and suggested that it may be easier for them to accept the hard truths now. Dr Bergin noted that is central Government that dictates the message. The Chief Executive advised that from a meeting he attended yesterday, the Chief Scientific Officer, Professor Ian Young, said that restrictions may have to be considered. While there may be medical reasons for this, he was not sure whether there would be political acceptance. However, he said that this would have to be decided by the House of Commons. He suggested that perhaps there might be restrictions in terms of numbers in entertainment venues, churches, care home and hospital visitors.
- 140/21.17 Ms Mann-Kler pointed out that the country has been living with COVID-19 since March last year and asked whether there has been any

discussion about the long term management of the condition. She noted that a lot of action being taken is driven by hospital capacity but given that this condition may be around for a lifetime, there needs to be long term plan instead of a stop/start response which is exhausting and unsustainable.

140/21.18 Mr Clayton thanked Dr Bergin for his presentation which he said set out the position starkly. He said that he had a query relating to hospitals, care homes and infection prevention control. Given that this strain is more transmissible, he asked what messages PHA is putting out, particularly if it is transmissible among staff. The Chief Executive recalled that about a month ago he attended a meeting where there was a sense of optimism because Delta was becoming endemic, hospital admissions were reducing and vaccination uptake was increasing. He said that there was a view that the situation was improving but Omicron has come out of the blue and now the thinking is about how long do Trusts need to put plans in place to deal with COVID-19. He felt that there will be a return to a better place as Omicron will escalate quickly and then deescalate, but then he noted that there may then be another variant.

140/21.19 The Chief Executive advised that correspondence has been sent out giving guidance about visiting arrangements in care homes and he agreed to share this with members (**Action 1 – Chief Executive**). Mr Clayton said that this would be helpful. He asked if there were any tools for helping to reduce transmission. The Chief Executive noted that nursing homes are the most vulnerable places, but the number of homes with outbreaks has reduced from 130 to 30. He said that although the picture has improved, there is a need to stay within the good practice that has been developed over the last year so as not to return to the situation that homes were faced with last year.

140/21.20 The Chief Executive updated members on the bowel screening recall. He advised that of the 45 individual who needed to be followed up, 22 remain outstanding. He said that this level sits within the national average but PHA will still continue to follow up with the individuals concerned.

#### **141/21 Item 7 – Finance Report (PHA/01/12/21)**

141/21.1 Ms McCaig presented the Finance Report for the period up to 31 October 2021 and reported that PHA has a year to date surplus of £500k. She reported that the year-end surplus was forecast to reach approximately £700,000.

141/21.2 Ms McCaig advised that some funding has not been allocated to Trusts as the Trusts have refused to take the funding. However if a service has been delivered by the Trust, she said that the money will then be allocated to that Trust.

- 141/21.3 In terms of the projected £700k yearend surplus, Ms McCaig advised that this is net of projected expenditure in areas such as diabetes and health research. She reported that two proposals have been approved by ANT totalling £400,000 which would reduce the year-end surplus to £300,000.
- 141/21.4 Miss McCaig advised that the business case for the Contact Tracing Service will have to be revised bearing in mind the increased demand for the service as a result of the Omicron variant.
- 141/21.5 Mr McCaig reported that an additional £358,000 of capital funding has been allocated to PHA relating to the congenital heart disease network. She was confident that the capital budget will achieve break even at yearend.
- 141/21.6 Miss Henderson, Non-Executive Director finance, asked for greater clarity in terms of the value for the money allocated to Trusts and how the board could have greater certainty of the outputs of these programmes. Ms McCaig explained that there is no risk to PHA from a financial position because PHA will be writing to the Trusts to advise them that as the service has been delivered, the funding will be allocated. She accepted that it is not the way in which PHA wishes to manage the position, but PHA has to achieve a break even position which is a surplus or deficit of around £327k. Ms Henderson asked how PHA can be certain of the outputs of these programmes if there is no signed business case. Ms McCaig advised that the risk is minimal as these are long standing programmes. Ms Henderson asked what the total funding of these particular programmes is and Ms McCaig responded that it is a few hundred thousand pounds.
- 141/21.7 Mr Stewart commented that he found this approach quite unusual and asked what would happen in the situation where funding was given to a body and programmes were not delivered. Ms McCaig said that this issue only relates to areas where PHA knows that the programmes have been delivered but the Trusts are passing their financial management issues over to PHA. Mr Stewart asked whether this was funding being provided after the programmes had taken place. Ms McCaig reiterated that the Trusts should be accepting the funds and not managing their own financial position to the detriment of PHA. Professor Rooney said that she agreed with Ms McCaig, and added that if PHA was shown to have an underspend it could potentially lose funding, and therefore the issue should sit with the Trusts.
- Proposed Approach for Managing PHA in-year Funding*
- 141/21.8 Mr Wilson advised that the supplementary paper looks at options for how PHA can make use of up to £1.45m of additional funding in-year. He said that the paper has been prepared with budget leads and links to programmes to be delivered under PHA's Business Plan.



- 141/21.9 Mr Wilson reported that the first proposal relates to the Diabetes Prevention Programme and sustaining that programme. He said that the second proposal is to provide additional funding to the National Institute of Health Research (NIHR) fund. He advised that the third proposal is about extending the pilot of the sexual health testing service, SH24, as there is a cost pressure that can be met in-year, and the final proposal looks at providing PPE to organisations with which PHA has contracts. He said that there was a provisional amount of £220k allocated for this, but the total is around £150k.
- 141/21.10 Mr Wilson advised that there is limited capacity to undertake any new programmes and this paper represents PHA's best efforts to use the funding strategically in-year. He added that there may be other cost pressures associated with managing the Omicron variant and PHA will continue to monitor these. He said that AMT is happy to approve these proposals and they are now being presented for consideration by the Board.
- 141/21.11 Mr Clayton asked for more information about the PPE proposal and which organisations would benefit. Mr Wilson said that while he did not have all the details, it was his understanding that PHA canvassed all of its commissioned services providers and asked them what level of equipment they could reasonably use. He added that as the costs of PPE have significantly reduced, the amount allocated to this has reduced. Mr Clayton noted that organisations may have other sources for getting PPE.
- 141/21.12 Professor Rooney expressed concern about PHA's ability to determine clear outcomes rather than outputs. She asked if PHA was content with the outcomes described. She added that this relates to previous discussions about funding to Trusts and how PHA measures impact. Ms McCaig said that Dr Brid Farrell would be able to provide additional information on the Diabetes Programme. She acknowledged that there is a challenge for PHA in terms of defining outcomes, but AMT was content with the proposals. The Chief Executive echoed what Ms McCaig said, and added that Dr Farrell's paper on the Diabetes Programme did demonstrate outcomes.
- 142/21 Item 8 – Update on COVID-19**
- 142/21.1 This was covered under Item 6 above.
- 143/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/12/21)**
- 143/21.1 Mr Stewart said that there were some issues emanating from the meeting of the Committee held on 3 December that he wished to raise in the confidential session.
- 143/21.2 Looking at the minutes of the meeting of 7 October, Ms Henderson said

that the Corporate Risk Register should be brought for consideration by the full Board. Mr Stewart confirmed that this happens twice a year.

**144/21 Item 11 – Finance**

144/21.1 The Chair said he wished to get clarity on those elements of the PHA budget which are ring fenced, and which are discretionary, and what areas are at the discretion of the PHA Board.

144/21.2 Ms McCaig explained that ring fenced funding comes in a variety of categories. She said that some elements, e.g. SBNI funding, is strictly ring fenced and PHA is not allowed to retain any surplus. She added that COVID-19 funding could be specific but could be used for other areas, if they related to COVID-19. She advised that there are other areas where funding is earmarked, rather than ring fenced, for example, vaccination programmes. She said that there are some elements of the programme budget, e.g. those relating to Health Improvement where there is some element of flexibility and where the Board can set out its priorities. She reiterated that most of the flexibility lies within the Health Improvement budget, but there are some areas where funds cannot be utilised differently without input from the Department. She said that this is not an easy question to answer.

144/21.3 Mr Clayton said that this discussion relates to a conversation that was had at the Governance and Audit Committee and steps under way to create a new Board Committee. Ms Henderson stated that the board should be involved at an early stage if it wished to influence decisions on where money was allocated and that there must be Evidence of impact on public health of the population.

144/21.4 The chair informed members that Ms Heather Stevens has been asked by the Department to coordinate the work on the new operating model for PHA. He advised that the Chief Executive and he are to have an initial meeting with Miss Stevens on Tuesday, the 21st of December.

**145/21 Item 10 – NI Assembly All Party Group on Reducing Harm Related to Gambling Inquiry Report: The Future Regulation of Gambling in Northern Ireland (PHA/03/12/21)**

*Mr Maurice Meehan, PHA, and Dr Joanna Purdy, Institute for Public Health (IPH), joined the meeting for this item.*

145/21.1 The Chair said that this is an important issue and informed members that Mr Meehan had had attended the Northern Ireland Assembly committee for communities

145/21.2 Mr Meehan reported that Northern Ireland had the highest rate of problem gambling in the UK and furthermore the gambling had greatly increased during lockdown. He said there was a need for greater understanding of the harm associated with gambling and how prevention

- programs should be shaped.
- 145/21.3 Dr Purdy reported that it was accepted in public health that huge harm was caused by gambling problems which are linked to financial issues, relationship breakdowns and substance misuse. She quoted that the scale of the problem is many fold times higher than other parts of United Kingdom. She added that the IPH had also responded to the call for evidence from the committee for communities at the Northern Ireland Assembly.
- 145/21.4 Dr Purdy noted that there has been a marked change in the gambling market With the advent of online gambling.
- 145/21.5 The Chair thanked Mr Meehan and Dr Purdy for covering such a complex issue in a short period of time. He said that this resonates with tobacco campaigns and it took 40 years to ban those adverts so there is a need to start campaigning early.
- 145/21.6 Professor Rooney said that this is an important area and PHA needs to get its views out. She added that this is the type of issue that PHA should be using to raise its profile and she looked forward to supporting the IPH on this.
- 145/21.7 Mr Clayton said that he was struck by the fact that there is more to be done in terms of understanding the scale of this issue in Northern Ireland and said that there should be research specific to Northern Ireland carried out, acknowledging that the IPH is commissioning research. He noted that the advent of online gambling and apps has created an explosion in gambling, particularly in football, and he expressed surprise about the lack of regulation. He asked whether there has been any push back from the gambling sector. Dr Purdy advised that the current legislation dates back to 1985 and does not include any provision for the regulation of gambling. She said that the influence of advertising in football is relevant as in 2019/20, half of English Premier League clubs had sponsorship deals with gambling companies generating £20m of revenue for those clubs. She added that even with that, there is an awareness of the huge impact gambling is having on young people.
- 145/21.8 Mr Meehan said that there is a case for a regulator in Northern Ireland to be active against the gambling industry, particularly for breaching its own code of practice. He cited an example of people who have self-excluded from gambling then being targeted with messages encouraging them to gamble.
- 145/21.9 The Chair said that in Northern Ireland gambling addiction is four times higher than anywhere else in the UK and levels of mental ill health area seven times higher in areas of deprivation than affluent areas, therefore this is a critical issue for PHA and one where the Board should show vision. Mr Meehan said that the PHA should aim to carry out some

research. He felt that looking at the causes and potential interventions could act as a generator for debate.

145/21.10 The Chair thanked Mr Meehan and Dr Purdy for attending. Mr Meehan asked if would be helpful if he were to come back to a future meeting with a proposal for a seminar on gambling that PHA could sponsor. The Chair said that while he was mindful that there are a lot of other pressures facing PHA, thought has to be given to the future, and he felt that this was an issue that needed to be looked at as soon as possible.

145/21.11 The Board noted the update on gambling.

**146/21 Item 12 – Any Other Business**

146/21.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

**147/21 Item 13 – Details of Next Meeting**

*Thursday 20 January 2022 at 1:30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7BS*

Signed by Chair:

Date:



# Finance Report November 2021

Tracey McCaig  
Director of Finance

December 2021

## **Section A: Introduction/Background**

1. The PHA Financial Plan for 2021/22 was approved by the PHA Board in the June 2021 Board meeting, which described the opening financial position of the organisation and reported an anticipated breakeven position within 2021/22.
2. The Financial Plan identified a number of areas of projected slippage and how this was to be used to address in-year pressures and priorities.
3. This executive summary report reflects the latest position, as at the end of November 2021 (month 8). Supplementary detail in the format of previous reports is provided in Annex A.

## **Section B: Update – Revenue position**

4. The PHA has reported a year to date surplus, at November 2021, of £0.8m (£0.5m at October 2021).
5. In respect of the year to date surplus of £0.8m:
  - The profiled PHA Programme budget is on track overall, with some minor underspends and overspends relating to timing issues which are offsetting leaving an approximate breakeven position for the year to date.
  - Budget holders continue to be reminded to keep all programme budgets under close review, and report any expected slippage or pressures at an early stage.
  - As reported previously, there continues to be an underspend in the Management & Admin budget, primarily in the areas of Nursing & AHP and Operations, which reflects a high level of vacant posts in each area, along with reduced non-pay expenditure which is a result of different working arrangements due to the pandemic. Efforts are on-going to fill vacant posts as soon as possible.

6. The updated position is summarised in the table below.

### PHA Summary financial position - November 2021

	Annual Budget	Year to date budget	Year to date Expenditure	Year to date variance	Projected year end Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	11,947	7,965	7,965	0	
Health Protection	7,317	4,878	4,878	0	
Service Development & Screening	13,214	8,809	8,809	0	
Nursing & AHP	5,234	3,489	3,489	0	
Centre for Connected Health	1,563	1,042	1,042	0	
Other	0	0	0	0	
<b>Programme expenditure - Trusts</b>	<b>39,276</b>	<b>26,184</b>	<b>26,184</b>	<b>0</b>	<b>0</b>
Health Improvement	27,660	17,465	17,689	(224)	
Health Protection	14,791	11,690	11,542	147	
Service Development & Screening	3,945	1,287	1,271	17	
Research & Development	3,411	1,700	1,700	0	
Campaigns	1,421	715	714	1	
Nursing & AHP	3,169	19	133	(114)	
Centre for Connected Health	326	113	98	15	
Quality Improvement	170	130	44	86	
Other	(53)	0	2	(2)	
<b>Programme expenditure - PHA</b>	<b>54,841</b>	<b>33,119</b>	<b>33,193</b>	<b>(75)</b>	<b>(0)</b>
<b>Subtotal Programme expenditure</b>	<b>94,117</b>	<b>59,302</b>	<b>59,377</b>	<b>(75)</b>	<b>(0)</b>
Nursing & AHP	5,128	3,357	2,894	463	
Quality Improvement	593	394	348	46	
Operations	4,120	2,746	2,521	225	
Public Health	16,168	10,693	10,677	16	
PHA Board	328	212	239	(28)	
Centre for Connected Health	407	271	263	8	
SBNI	771	509	413	96	
<b>Subtotal Management &amp; Admin</b>	<b>27,514</b>	<b>18,181</b>	<b>17,355</b>	<b>826</b>	<b>1,249</b>
Trusts	535	357	357	0	
PHA Direct	10,504	5,509	5,509	(0)	
<b>Subtotal Covid-19</b>	<b>11,039</b>	<b>5,866</b>	<b>5,866</b>	<b>(0)</b>	<b>(829)</b>
Trusts	142	94	94	(0)	
PHA Direct	88	0	0	(0)	
<b>Subtotal Transformation</b>	<b>230</b>	<b>94</b>	<b>95</b>	<b>(0)</b>	<b>0</b>
Trusts	0	0	0	0	
PHA Direct	216	107	107	(0)	
<b>Other ringfenced</b>	<b>216</b>	<b>107</b>	<b>107</b>	<b>(0)</b>	<b>0</b>
<b>TOTAL</b>	<b>133,116</b>	<b>83,551</b>	<b>82,800</b>	<b>751</b>	<b>421</b>
<i>N.B. Table may be subject to minor rounding differences</i>					

7. The forecast year end position is a surplus of £0.421k (£0.7m at month 7), and is being largely driven by management and administration slippage. It should be noted that this is marginally above the PHA's breakeven limit of approximately £332k and estimates and opportunities to utilise are continuing to be sought.
8. Following a mid-year review of Programme planned expenditure:
- Covid related downturn has been projected in a number of areas, including the Smoking Cessation budget (£0.6m surplus) and Bowel Screening (£0.2m surplus), which will be offset against Covid allocations for the Contact Tracing Centre (CTC);
  - Contact Tracing Centre expenditure totalling £8.3m has been projected, with a net allocation requirement of £7.5m being advised to DoH Finance as a result of the Covid downturn set out above. As case numbers fluctuate, the estimate of additional funding required continually changes, and this position will be managed closely in the approach to year-end.
  - Following approval of the relevant IPTs, additional in year expenditure has been authorised for the Health Protection team to fund testing for Sexually Transmitted Infections (£200k) and for the Health Improvement team to fund the purchase of PPE for the C&V sector (£150k).
  - Further slippage has arisen within management and administration budgets as the expected start dates of some senior posts within Public Health and Nursing have been further delayed. An element of the year-end annual leave accrual has also been released to reflect leave carried forward from 2020-21 now being utilised.

## **Section C: Risks**

9. **Internal Programme expenditure outturn.** As in each year, Programme expenditure needs to be monitored closely to ensure that planned expenditure is met. The PHA senior team has conducted a mid-year review of expenditure plans and taken action to reallocate to approved developments and pressures as set out above. The reported position reflects this mid-year review, however this will be subject to ongoing monitoring.



- 10. Funds not yet allocated to Trusts.** There remains some funding intended to go to Trusts which has not yet been allocated due to the necessary Investment Proposal Templates (IPTs) / business cases not being complete. There is a risk that Trusts will not be able to fully spend this funding before year-end, and therefore PHA may be left with a surplus at year-end. Management have been reminded to prioritise this area to ensure this risk is minimised and highlighted.
- 11. Management and Administration expenditure outturn.** This is closely monitored by the Finance team, in conjunction with PHA management, to ensure that the forecast financial position is updated on a monthly basis. However, given current plans and timelines for recruitment the level of slippage has increased. Increased slippage has been considered for reallocation during the mid-year review process.
- 12. Ring-fenced funding - Covid.** The position assumes that all areas of expenditure funded via Covid funding will breakeven, with the exception of the Contact Tracing Centre, where Covid downturn within PHA has been identified to offset Covid funding required. Currently the majority of Covid expenditure (circa. £5m) relates to the Contact Tracing Centre, with the balance of £0.8m relating to smaller Covid projects. A business case for additional funding in respect of the Contact Tracing Service has been issued to the DoH for additional funding in this area, and PHA will work closely with DoH Finance as we approach year-end to manage the breakeven position. Regular reviews are undertaken on all areas relating to Covid ring-fenced funding, to identify any areas of risk and close liaison will continue with the DoH.
- 13. Covid response impact on PHA.** It has been a challenging period for PHA, not least from the focus on the operational nature of the Contact Tracing Service and the support to manage service pressures due to Covid response. Staff members have been diverted internally to support the response, which has impacted the PHA's ability to fully conduct its business as usual operational requirements.
- 14.** Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented in year. PHA will

continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

## Section D: Update - Capital position

15. The PHA has a current capital allocation (CRL) of £14.0m. The majority of this (£12.6m) relates to Research & Development (R&D).

16. Other PHA Capital includes an allocation of £358k for the Congenital Heart Disease Professorship Network to be set up across Ireland and £800k for a Covid-19 Wastewater project. There is also currently a small allocation of £92k for ICT capital expenditure within PHA, and £141k for ICT linked to the Contact Tracing Centre.

17. The overall summary position is reflected in the following table.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
<b>HSC R&amp;D:</b>				
R&D - Other Bodies	5,571	1,701	5,571	0
R&D - Trusts	8,089	5,439	8,089	0
R&D Capital Receipts	(1,020)	(257)	(1,020)	0
Subtotal HSC R&D	12,640	6,883	12,640	0
<b>CHITIN Project:</b>				
CHITIN - Other Bodies	2,077	0	2,077	0
CHITIN - Trusts	153	0	153	0
CHITIN - Capital Receipts	(2,230)	0	(2,230)	0
Subtotal CHITIN	0	0	0	0
<b>Other:</b>				
Congenital Heart Disease (CHD) Network	358	0	358	0
Covid-19 Wastewater	800	0	800	0
Covid-19 ICT	141	111	141	0
ICT	92	92	92	0
Subtotal Other	1,391	203	1,391	0
<b>Total HSCB Capital position</b>	<b>14,031</b>	<b>7,086</b>	<b>14,031</b>	<b>0</b>

18. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks,

clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

19. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

20. The Congenital Heart Disease network funding (£358k) is being managed by the Research & Development team, and is expected to fully spend in year. The Covid-19 Wastewater allocation (£800k) will fund a QUB project which is analysing wastewater to help with tracking of outbreaks of Covid-19. It is also expected to fully spend in year.

21. The Capital position will continue to be kept under close review throughout the financial year.

## **Recommendation**

22. The Board is asked to note the PHA financial update as at November 2021.

# **Public Health Agency**

## **Annex A - Finance Report**

**2021-22**

**Month 8 - November 2021**



# PHA Financial Report - Executive Summary

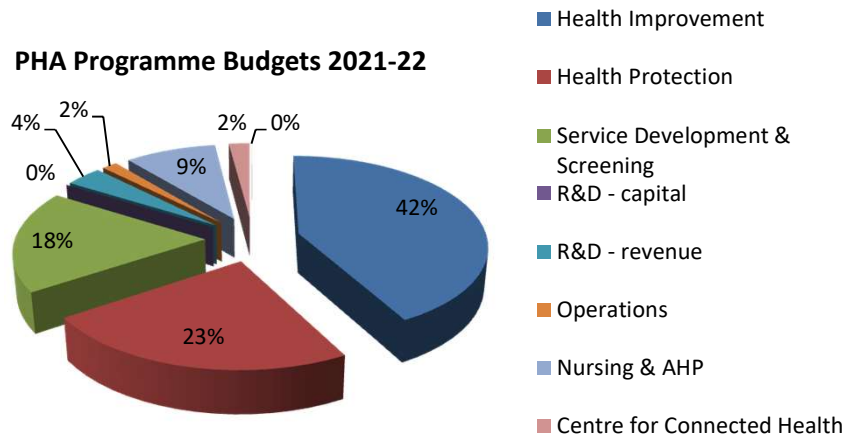
## Year to Date Financial Position (page 2)

At the end of month 8 PHA is reporting an underspend of £0.8m against its profiled budget (£0.5m at month 7). This underspend is primarily the result of underspends on Administration budgets (page 6), offset by some expenditure ahead of profile on Programme budgets.

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

## Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.



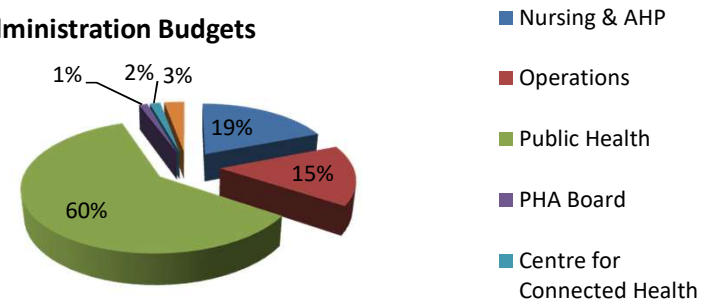
## Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

## **Administration Budgets**



## Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £0.4m for the full year (£0.7m in month 7 report), arising from identified slippage on Administration budgets offset by pressures in other areas.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast. It is also assumed that any slippage identified in Ringfenced areas will be retracted by DoH. Some staff continue to be diverted to assist in PHA's response to the Covid-19 surge, and management are working to mitigate the risk of this impacting expenditure in Programme and Ringfenced budget areas.

**Public Health Agency**  
**2021 -22 Summary Position - November 2021**

	Annual Budget				Total £'000	Year to Date				Total £'000
	Programme		Ringfenced	Mgt & Admin		Programme		Ringfenced	Mgt & Admin	
	Trust £'000	PHA Direct £'000	Trust & Direct £'000	£'000		Trust £'000	PHA Direct £'000	Trust & Direct £'000	£'000	
<b>Available Resources</b>										
Departmental Revenue Allocation	39,276	54,810	11,485	26,213	<b>131,784</b>	26,184	33,088	6,068	17,374	<b>82,713</b>
Revenue Income from Other Sources	-	31	-	1,301	<b>1,332</b>	-	30	-	808	<b>838</b>
<b>Total Available Resources</b>	<b>39,276</b>	<b>54,841</b>	<b>11,485</b>	<b>27,513</b>	<b>133,116</b>	<b>26,184</b>	<b>33,118</b>	<b>6,068</b>	<b>18,181</b>	<b>83,551</b>
<b>Expenditure</b>										
Trusts	39,276	-	677	-	<b>39,953</b>	26,184	-	451	-	<b>26,635</b>
PHA Direct Programme *	-	54,841	11,637	-	<b>66,478</b>	-	33,193	5,617	-	<b>38,810</b>
PHA Administration	-	-	-	26,265	<b>26,265</b>	-	-	-	17,355	<b>17,355</b>
<b>Total Proposed Budgets</b>	<b>39,276</b>	<b>54,841</b>	<b>12,314</b>	<b>26,265</b>	<b>132,696</b>	<b>26,184</b>	<b>33,193</b>	<b>6,068</b>	<b>17,355</b>	<b>82,800</b>
<b>Surplus/(Deficit) - Revenue</b>	<b>-</b>	<b>-</b>	<b>(829)</b>	<b>1,249</b>	<b>421</b>	<b>-</b>	<b>(75)</b>	<b>-</b>	<b>826</b>	<b>751</b>
<i>Cumulative variance (%)</i>						<i>0.00%</i>	<i>-0.23%</i>	<i>0.00%</i>	<i>4.54%</i>	<i>0.90%</i>

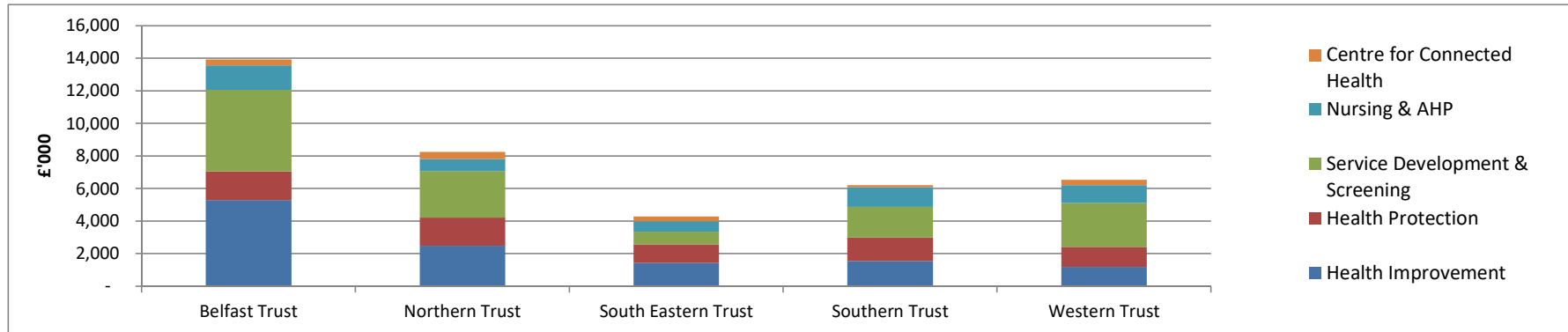
The year to date financial position for the PHA shows an underspend of £0.8m, which is primarily the result of underspend on Admin budgets.

A year-end underspend of £0.4m is currently forecast (reduced from £0.7m in month 7 report), primarily caused by vacancies in Admin budgets offset by managed overspends in other areas. This forecast position may be subject to change through the year and will be kept under review to identify any significant movements. For example, this would include any in-year impact to PHA's normal operations from its ongoing response to Covid-19 surges (such as support to the Contact Tracing service).

\* Please note that a number of minor roundings may appear throughout this report.

\* PHA Direct Programme includes amounts which may transfer to Trusts later in the year

### Programme Expenditure with Trusts

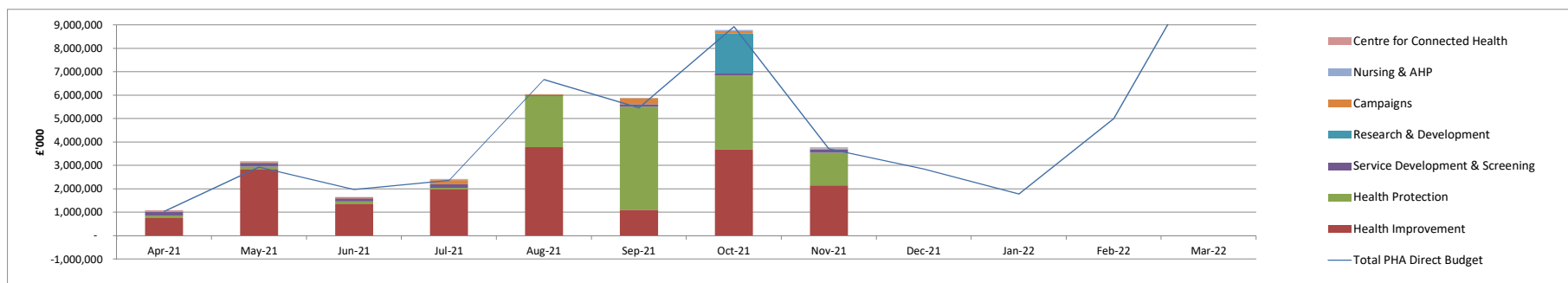


	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
<b>Current Trust RRLs</b>									
Health Improvement	5,289	2,493	1,425	1,556	1,184	<b>11,947</b>	7,965	7,965	-
Health Protection	1,773	1,729	1,148	1,429	1,239	<b>7,317</b>	4,878	4,878	-
Service Development & Screening	4,997	2,853	781	1,887	2,696	<b>13,214</b>	8,809	8,809	-
Nursing & AHP	1,506	751	643	1,223	1,086	<b>5,234</b>	3,489	3,489	-
Centre for Connected Health	375	434	298	118	338	<b>1,563</b>	1,042	1,042	-
<b>Total current RRLs</b>	<b>13,941</b>	<b>8,260</b>	<b>4,295</b>	<b>6,212</b>	<b>6,543</b>	<b>39,275</b>	<b>26,184</b>	<b>26,184</b>	-
<i>Cumulative variance (%)</i>									<i>0.00%</i>

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.



## PHA Direct Programme Expenditure



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Profiled Budget</b>													
Health Improvement	884	2,625	1,357	1,788	4,478	740	3,937	1,656	991	664	4,108	4,432	<b>27,660</b>
Health Protection	77	100	87	85	2,142	4,476	3,085	1,638	1,475	513	100	1,014	<b>14,791</b>
Service Development & Scree	51	158	470	192	29	235	102	50	164	173	125	2,196	<b>3,945</b>
Research & Development	-	-	-	-	-	-	1,700	-	-	-	200	1,511	<b>3,411</b>
Campaigns	10	10	20	227	10	5	19	414	58	257	178	213	<b>1,421</b>
Nursing & AHP	4	22	4	1	10	0	56	80	150	172	107	2,722	<b>3,169</b>
Centre for Connected Health	20	20	43	11	5	4	5	5	11	10	155	38	<b>326</b>
Quality Improvement	-	-	-	58	-	7	34	31	1	-	36	4	<b>170</b>
Other	-	-	-	-	-	-	-	-	-	-	-	(53)	<b>(53)</b>
<b>Total PHA Direct Budget</b>	<b>1,046</b>	<b>2,935</b>	<b>1,981</b>	<b>2,363</b>	<b>6,674</b>	<b>5,467</b>	<b>8,938</b>	<b>3,715</b>	<b>2,849</b>	<b>1,788</b>	<b>5,009</b>	<b>12,076</b>	<b>54,841</b>
<b>Cumulative variance (%)</b>													
<b>Actual Expenditure</b>	<b>1,128</b>	<b>3,228</b>	<b>1,693</b>	<b>2,462</b>	<b>6,060</b>	<b>5,924</b>	<b>8,824</b>	<b>3,874</b>	-	-	-	-	<b>33,193</b>
<b>Variance</b>	<b>(82)</b>	<b>(293)</b>	<b>288</b>	<b>(98)</b>	<b>613</b>	<b>(456)</b>	<b>113</b>	<b>(159)</b>					<b>(75)</b>

	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	
	17,465	17,689	(224)	-1.3%
	11,690	11,542	147	1.3%
	1,287	1,271	17	1.3%
	1,700	1,700	-	0.0%
	715	714	1	0.1%
	19	133	(114)	-607.4%
	113	98	15	13.5%
	130	44	86	66.3%
	-	2	(2)	100.0%
	<b>33,119</b>	<b>33,193</b>	<b>(75)</b>	
			<b>-0.23%</b>	

The year-to-date position shows a small overspend of approximately £0.1m. There are a number of overspends and underspends at present netting off to create an approximate breakeven position at this point in the financial year. These are timing issues only, and the budget is expected to achieve a breakeven position for the year.

## Public Health Agency 2021-22 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	Other ringfenced £'000	Total £'000	Covid £'000	Transformation £'000	Other ringfenced £'000	Total £'000
<b>Available Resources</b>								
DoH Allocation	8,539	272	424	<b>9,235</b>	5,866	94	107	<b>6,068</b>
Assumed Allocation/(Retraction)	2,500	(42)	(208)	<b>2,250</b>	-	-	-	-
<b>Total</b>	<b>11,039</b>	<b>230</b>	<b>216</b>	<b>11,485</b>	<b>5,866</b>	<b>94</b>	<b>107</b>	<b>6,068</b>
<b>Expenditure</b>								
Trusts	535	142	-	<b>677</b>	357	94	-	<b>451</b>
PHA Direct	11,333	88	216	<b>11,637</b>	5,509	-	107	<b>5,617</b>
<b>Total</b>	<b>11,868</b>	<b>230</b>	<b>216</b>	<b>12,314</b>	<b>5,866</b>	<b>94</b>	<b>107</b>	<b>6,068</b>
<b>Surplus/(Deficit)</b>	<b>(829)</b>	<b>-</b>	<b>-</b>	<b>(829)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

PHA has received a COVID allocation of £8.5m to date, £5.0m of which is for Contract Tracing. PHA is working with DoH to assess the costs of expanding the Contact Tracing service, and further funding is expected for this. More detail on the COVID funding allocations PHA has received is provided in page 9 of this report.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

Other ringfenced areas include Safe Staffing and EITP. Staff are presently being recruited regarding Safe Staffing and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

**PHA Administration**  
2021-22 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>								
Salaries	4,969	582	2,990	15,842	252	365	505	25,505
Goods & Services	159	10	1,130	326	76	42	266	2,009
<b>Total Budget</b>	<b>5,128</b>	<b>593</b>	<b>4,120</b>	<b>16,168</b>	<b>328</b>	<b>407</b>	<b>771</b>	<b>27,514</b>
<b>Budget profiled to date</b>								
Salaries	3,251	388	1,992	10,474	168	243	336	16,852
Goods & Services	106	6	754	219	44	28	173	1,329
<b>Total</b>	<b>3,357</b>	<b>394</b>	<b>2,746</b>	<b>10,693</b>	<b>212</b>	<b>271</b>	<b>509</b>	<b>18,181</b>
<b>Actual expenditure to date</b>								
Salaries	2,823	338	1,740	10,591	202	249	339	16,283
Goods & Services	71	10	781	86	37	14	74	1,073
<b>Total</b>	<b>2,894</b>	<b>348</b>	<b>2,521</b>	<b>10,677</b>	<b>239</b>	<b>263</b>	<b>413</b>	<b>17,355</b>
<b>Surplus/(Deficit) to date</b>								
Salaries	429	50	252	(117)	(34)	(6)	(3)	570
Goods & Services	35	(4)	(28)	133	7	14	99	256
<b>Surplus/(Deficit)</b>	<b>463</b>	<b>46</b>	<b>225</b>	<b>16</b>	<b>(28)</b>	<b>8</b>	<b>96</b>	<b>826</b>
<b>Cumulative variance (%)</b>	<b>13.80%</b>	<b>11.66%</b>	<b>8.18%</b>	<b>0.15%</b>	<b>-13.04%</b>	<b>2.96%</b>	<b>18.82%</b>	<b>4.54%</b>

PHA's administration budget is showing a year-to-date surplus of £0.8m, which is being generated by a number of long standing vacancies along with the impact of many staff continuing to work primarily from home. This is driving reduced expenditure in areas such as travel and courses. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £1.2m.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

**Public Health Agency  
2021-22 Capital Position**

	<b>Capital Resource Limit (CRL)</b>	<b>Year to Date Expenditure</b>	<b>Full Year Forecast Expenditure</b>	<b>Forecast Surplus / (Deficit)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>HSC Research &amp; Development</b>				
R&D - Other Bodies	5,571	1,701	5,571	-
R&D - Trusts	8,089	5,439	8,089	-
R&D - Capital Receipts	(1,020)	(257)	(1,020)	-
	<b>12,640</b>	<b>6,883</b>	<b>12,640</b>	<b>-</b>
<b>CHITIN Project</b>				
CHITIN - Other Bodies	2,077	-	2,077	-
CHITIN - Trusts	153	-	153	-
CHITIN - Capital Receipts	(2,230)	-	(2,230)	-
	-	-	-	-
<b>Total R&amp;D Position</b>	<b>12,640</b>	<b>6,883</b>	<b>12,640</b>	<b>-</b>
<b>Other PHA Capital</b>				
Congenital Heart Disease (CHD) Network	358	-	358	-
Covid-19 Wastewater	800	-	800	-
Covid-19 ICT	141	111	141	-
ICT	92	92	92	-
<b>Total Other Capital Position</b>	<b>1,391</b>	<b>203</b>	<b>1,391</b>	<b>-</b>
<b>Total PHA Capital Position</b>	<b>14,031</b>	<b>7,086</b>	<b>14,031</b>	<b>-</b>

The PHA's opening Capital Resource Limit (CRL) of £12m relates to the regional allocation for HSC Research & Development (R&D). This is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme of €8.84m, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

Other PHA Capital includes an allocation of £0.358m for the Congenital Heart Disease Professorship Network to be set up across Ireland and £0.8m for a Covid-19 Wastewater project. There is also currently a small allocation of £92k for ICT capital expenditure within PHA, and £141k for ICT linked to the Contact Tracing Centre.

## PHA Prompt Payment

### Prompt Payment Statistics

	November 2021 Value	November 2021 Volume	Cumulative position as at November 2021 Value	Cumulative position as at November 2021 Volume
Total bills paid (relating to Prompt Payment target)	£6,283,524	689	£51,788,776	4,641
Total bills paid on time (within 30 days or under other agreed terms)	£6,219,121	676	£47,572,949	4,569
<b>Percentage of bills paid on time</b>	<b>99.0%</b>	<b>98.1%</b>	<b>91.9%</b>	<b>98.4%</b>

Prompt Payment performance for November shows that PHA achieved the 95.0% on both volume and value. The year to date shows that on volume, PHA is achieving its 30 day target of 95.0% but on value it has fallen to 91.9%. The failure to meet prompt payment on value was due to a delay in paying Flu Vaccine invoices of £3.9m in October. Prompt payment targets will continue to be monitored closely over the 2021-22 financial year.

The 10 day prompt payment performance remains very strong at 89.8% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2021-22 of 70%.

## PHA COVID-funded Expenditure

	Annual Budget £'000	Spend to 30 November 2021 £'000	Balance to Spend at 30 November 2021 £'000	Notes
Contact Tracing Centre	7,528	4,957	2,571	1
Screening	560	-	560	
Vaccine Roll Out Programme	595	418	177	
Infection Prevention Control Nursing	550	357	193	
NI Advanced Care Planning	450	17	433	
AHP Elective Care Support	41	-	41	
Band 8s Overtime	50	51	(1)	
Respiratory / ICU Surge Support Team	94	-	94	
Post Covid Syndrome Support Team	271	-	271	
Care home outreach support	61	-	61	
Schools Support Team	116	67	49	
Additional Flu Response	573	-	573	
HSCQI	150	-	150	
	<b>11,039</b>	<b>5,866</b>	<b>5,174</b>	

### Notes

- 1 *An allocation of £5.028m has been received to date for Contact Tracing, with a further £2.5m assumed at this stage. A further business case covering the additional funding required for Contract Tracing to 31 March 2022 is currently with DoH, and additional funding is imminent. As case numbers fluctuate, the estimate of additional funding required continually changes. PHA are working closely with DoH Finance to manage the overall position to breakeven.*